



Member Maintenance Update

Dear Member:

Please take a moment to complete the following information to help assure that the credit union's records are kept correct and current. Please complete this form anytime there are changes made to the information below. Return to the credit union: FAX 607-733-1376, email: general@flhc.com or in person at either office.

Account#: _____

Date: _____

Name: _____

Mailing Address: _____
(Street Address, City, State, and ZIP Code)

Physical Address: _____
(If different than the mailing address)

Home Phone#: _____ Cell Phone#: _____ **Email:** _____

Employer: _____ Work Phone#: _____

If you are employed by AOMC or Schuyler - please list Department and Department #: _____

Last 4 Digits of Social Security #: _____ Date of Birth: _____

Is this a **JOINT** account? _____ If **YES**, please complete the following:

Name: _____

Address: _____

Home Phone#: _____ Cell#: _____

Email: _____

Employer: _____ Work Phone#: _____

Last 4 Digits of Social Security #: _____ Date of Birth: _____

Signature: _____ **Date:** _____

Please list account numbers for all Credit Union accounts that you have in addition to your share account.

Visa Debit Card _____

Visa Credit Card _____

10/20/2008

For Credit Union Use Only

Completed by: _____

Date: _____